

Application to the Francestown Board of Adjustment

Application for an Equitable Waiver of Dimensional Requirements

I. Name of Applicant _____

II. Address of Applicant _____

III. Owner (if not applicant) _____

(if same as applicant, write "same")

NOTE: If applicant is not the owner, please provide written authorization signed by owner.

Case No. _____

Date Filed _____

Pymt _____

Initials _____

(for official ZBA use only)

IV. Location of Property _____
(street, address) *(Map and Lot #)*

V. **Names and Addresses of Abutters - Please attach a complete list**

NOTE: All required statements and information, including plot plans must be attached for application to be complete. Additional information may be supplied if a separate sheet, if necessary.

VI. **APPLICATION FOR EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS** *(see instructions)*

An Equitable Waiver of Dimensional Requirements is required from Article _____ Section _____ of the Francestown Zoning Ordinance to permit:

1) Does the request involve a dimensional requirement, not a use restriction?

() yes () no

2) Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the town:

continued on other side

OR Explain how the nonconformity was discovered after the structure was substantially complete or after a vacant lot in violation had been transferred to a bona fide purchaser:

3) **and** how the violation was not an outcome of ignorance of the law or bad faith, but resulted from legitimate mistake:

4) Explain how the nonconformity does not constitute a nuisance, nor diminish the value, or interfere with future uses of other property in the area:

5) Explain how the cost of correction far outweighs any public benefit to be gained:

Applicant: _____

Date: _____

(Signature)